

Colorectal Cancer in Washington

Task Force Recruitment & Orientation
May 10, 2004



Meeting Goals

- Comprehensive Cancer Control
- Colorectal Cancer Burden in WA State
- Messages from "A Dialogue for Action"
- DOH's CDC-funded Grant for Colorectal Cancer
- Colorectal Cancer Goals & Objectives
- Formalize Task Force Membership
- Current Activities
- Next Steps

Comprehensive Cancer Control

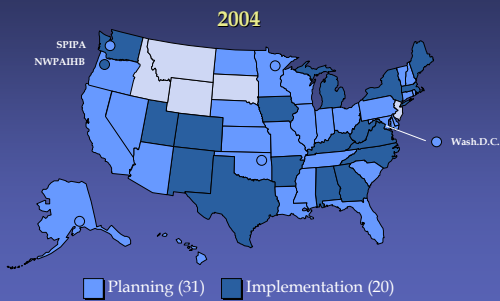
"An integrated and coordinated approach to reduce cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation."

As defined by the Centers for Disease Control and Prevention

CCC Principles

- Key stakeholders collaborate
- Data and research used to identify problems and set priorities
- Continuum of cancer issues addressed
- Evidence-based approaches implemented
- Limited resources used more efficiently and effectively

National CCC Programs



CCC in Washington State

2001

- Initial meetings held
- CDC planning grant awarded
- First *Partnership* meeting held

2002

- Planning work groups formed to develop state comprehensive cancer control plan

CCC in Washington State

2003

- Implementation funding received (colorectal and prostate cancer)

2004

- *Washington State Comprehensive Cancer Control Plan* published
- Partnership bylaws established

DOH CCC Program

- Provides fiscal, operational, and technical support to the Partnership
- Liaison to CDC
- Personnel
 - Program Manager
 - Partnership Coordinator/Intervention Specialist
 - Colorectal and Prostate Cancer Project Coordinator
 - Epidemiologist
 - Program Secretary

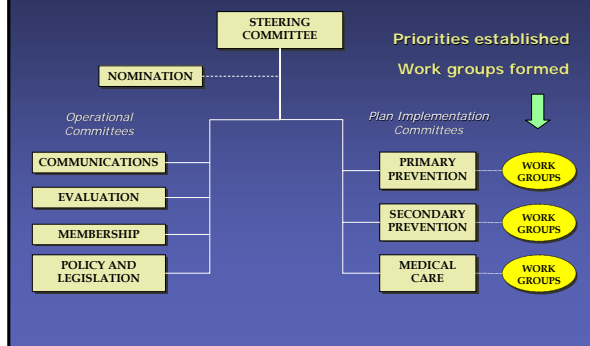
WCCC Partnership

- Diverse group of key stakeholders in cancer prevention and control
- Membership open to organizations and individuals
- Responsible for ongoing development, implementation, and evaluation of the *Washington State Comprehensive Cancer Control Plan*

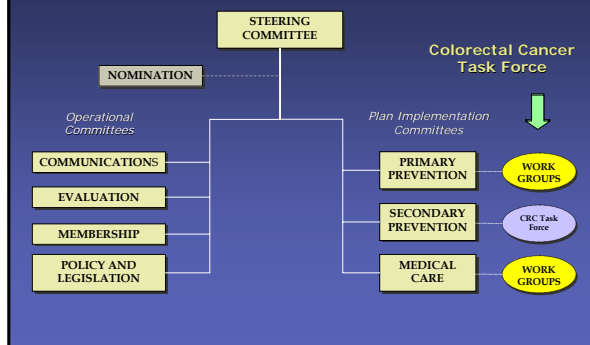
WSCCC Plan

- Five-year state plan to reduce cancer burden
- States goals, objectives and strategies to address broad spectrum of cancer issues from primary prevention to end-of-life
- Resource for setting implementation priorities

Partnership Organization



Partnership Organization



Plan Implementation Committees

Primary Prevention

Reduce or eliminate exposure to risk factors and promote protective factors

Secondary Prevention

Reduce morbidity and mortality by identifying disease early and providing appropriate treatment

Medical Care

Improve access to and quality of cancer treatment and care

Secondary Prevention Goals

- Reduce mortality from **breast cancer**
- Reduce mortality from invasive **cervical cancer**
- Reduce mortality from **colorectal cancer**
- Improve informed decision-making between men and their providers regarding **prostate cancer** screening

From the Washington State Comprehensive Cancer Control Plan.

Secondary Prevention Priority Areas

Colorectal Cancer

- Task Force
- CDC Funding

Prostate Cancer

- Task Force
- CDC Funding

Colorectal Cancer Grant

- 1 of 14 states received CDC funding for Colorectal Cancer activities identified in their plan (www.cdc.gov/cancer/colorectal)
- WA State DOH grant totaling \$350K per year for four years (7/03-7/07)
- WA Goals and Objectives were established by the Primary/Secondary prevention workgroup

Colorectal Cancer Burden in WA

- What is the burden?
- Who bears the burden?

Colorectal Cancer Burden in WA

- 3rd most common cancer in both men and women
- About 3,000 cases diagnosed each year
- 2nd leading cause of cancer death in U.S.
- About 1,000 deaths each year
- 90% of cases occur in people 50+ years of age

Colorectal Cancer in Washington Residents

Average Annual Incidence and Age-Adjusted Rates,
Washington State Cancer Registry, 1999-2001

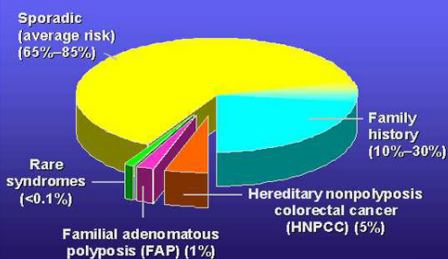
Washington- Colorectal Cancer Incidence		
	New Cases Average/Year	Age-Adjusted Rate 2000 Std Pop
A/PI	107	45.2
AI/AN	26	51.9
African -American	62	58.0
White	2706	53.8
Hispanic	55	50.6
Non-Hispanic	2858	53.8

Colorectal Cancer in Washington Residents

Average Annual Mortality and Age-Adjusted Rates,
Washington State Cancer Registry, 1999-2001

Washington- Colorectal Cancer Mortality		
	Deaths Average/Year	Age-Adjusted Rate 2000 Std Pop
A/PI	30	12.5
AI/AN	11	22.0
African -American	22	22.1
White	944	18.8
Hispanic	16	15.5
Non-Hispanic	991	18.7

Colorectal Cancer (CRC)



**THE ANSWER:
SCREENING**

↓

Early Detection & Prevention

Colorectal Cancer Screening

Prevention = polyp removal

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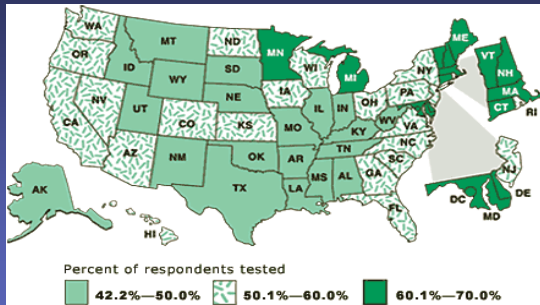
Decreased Incidence

Early Detection → Decreased Mortality

Screening Recommendations

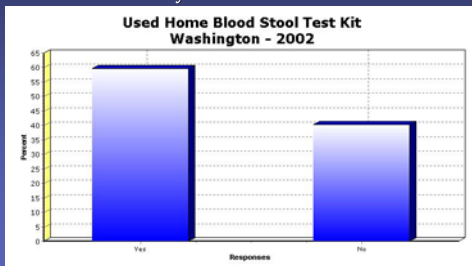
- Annual Fecal Occult Blood Test (FOBT)
- Flexible Sigmoidoscopy every 5 years
- Annual FOBT + Flexible Sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double Contrast Barium Enema (DCBE) every 5 years
- *Insufficient evidence for "best" test*

Current Screening Rates in WA State



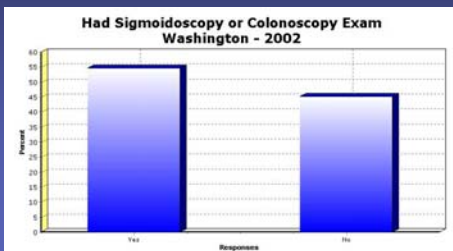
WA State Colorectal Cancer Screening Prevalence Data (2002 BRFSS)

- Have you ever used a home blood stool test kit to determine whether your stool contained blood?

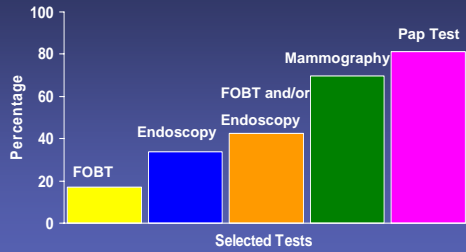


WA State Colorectal Cancer Screening Prevalence Data (2002 BRFSS)

Have you ever had a sigmoidoscopy or colonoscopy exam?



Comparison of Colorectal Cancer Test Use with other Cancer Screening Tests, NHIS 2000*



* Among appropriate populations that receive screening tests

Key Messages

- Screening reduces mortality from CRC
- All persons aged 50 years and older should begin regular screening
- High-risk individuals may need to begin screening earlier
- Colorectal cancer can be prevented
- Insufficient evidence to suggest a best test;
Any screening test is better than no screening test

“Dialogue for Action”

- “The best screening is the one that patients will actually do”
- Need to clarify the message
- Menu of screening options: Barrier AND Facilitator
- Variable capacity to deliver various options

Why Form a Task Force?

- Serve as a workgroup of the Comprehensive Cancer Control Partnership (CCCP)
- To involve partners in the statewide implementation of colorectal cancer activities
- Ensure activities are evidence-based
- A coordinated, integrated approach

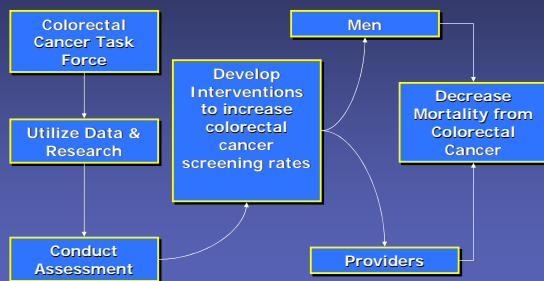
Colorectal Cancer Task Force

Goal: To reduce mortality from colorectal cancer in Washington State

Objective: By 2008, increase to 60% the proportion of people aged 50 and older that have had colorectal cancer screening according to ACS recommendations for FOBT and endoscopy.

Baseline: 53% ($\pm 3\%$) Data Source: 2002 BRFSS data
From the Washington State Comprehensive Cancer Control Plan

Meeting the Goal and Objective



Colorectal Cancer Task Force

Member roles and responsibilities:

- Collaboration to achieve goals and objectives
- Development of sustainable strategies
- Develop action plans
- Responsible for ongoing development , implementation and evaluation of colorectal cancer activities
- Quarterly Meetings with interim email correspondence and conference calls

Current Activities

- 2004 BRFSS WA state added questions
- KAP Survey (Knowledge Attitudes and Practices) re: colorectal cancer counseling
- Resource assessment
- Monitoring science
- DOH website on colorectal cancer activities
- *Men's Health Week*: June 14-21 Campaign

Next Steps

- Submit Membership Form
- Plan to attend next quarterly meeting- mid August
- Think of what you or your organization can do to help achieve goals/ objectives
- Send ideas and proposals

For More Information

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